

THE **ART THERAPISTS' PRIMER**
A CLINICAL GUIDE TO WRITING,
ASSESSMENTS, DIAGNOSIS, AND TREATMENT



2
EDITION

EDITED BY
DR. ELLEN G. HOROVITZ
ATR-BC, LCAT, E-RYT, LFYP

THE ART THERAPISTS' PRIMER

NOTE: RESOUCÉ MATERIALS DVD

All of the Appendix Forms, all images in color (by chapter) and three movies on conducting the CATA, ATDA and BATA are available as a digital download here:

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Image by Nancy Bachrach, author of *The Center of the Universe*.

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Second Edition

THE ART THERAPISTS' PRIMER

A Clinical Guide to Writing Assessments, Diagnosis, and
Treatment

Edited by

ELLEN G. HOROVITZ, PH.D., ATR-BC, LCAT, E-RYT, LFYP

(With 24 Other Contributors)



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*For my husband, Eugene (Jay) V. Marino, Jr. and my children,
Kaitlyn, Bryan, Nick and Paolo, whose assessment of me is unending.*

E.G.H.

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Ellen G. Horovitz, Ph.D., ATR-BC, LCAT, E-RYT, LFYP is Professor/Director of Graduate Art Therapy and the Art Therapy Clinic at Nazareth College of Rochester. She has had over 35 years of experience with myriad patient populations, specializes in family art therapy and yoga therapy, and has researched, published and presented internationally. Dr. Horovitz is the author of numerous articles, book chapters and the following books: *Spiritual Art Therapy: An Alternate Path*; *A Leap of Faith: The Call to Art*; *Art Therapy As Witness: A Sacred Guide and Visually Speaking: Art Therapy and the Deaf*; and

Digital Image Transfer: Creating Art With Your Photography. Dr. Horovitz has also directed and produced numerous films available in DVD format. She is past President-Elect of the American Art Therapy Association (AATA) and served on its board for over 12 years. Dr. Horovitz incorporates yoga therapy and art therapy with clients at Nazareth College of Rochester.

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PREFACE ON HOW TO USE THIS BOOK

You know how you get software and bundled in it is this small text file that says something like “Read This First”? Well, that’s what I am hoping you will do before heading straight into the chapters. The reason is three-fold: (1) if you are an educator you will want to know how to use this manual as a teaching tool; (2) it will save you some time in case you are an experienced clinician and merely want to flip around to gather what is pertinent to your practice; and (3) if you are new to the field (a student or even a seasoned graduate), it will afford you the armament to write up clinically-based reports that include assessments, objectives, modalities, goals, summaries, and termination reports. As well, the Appendices provide you with a wealth of information and forms to use in your practice.

But bear with me for a moment, because the history of this book’s birth represents a little over 35 years of my life as an educator. Around the early ’90s, I developed a required textbook (which was published by Nazareth College in Rochester, NY) so that students would have a manual for (ATR 522 & ATR 523) my Assessment, Diagnosis and Counseling II, yearlong class. As luck would have it, one day I found myself sitting on a tram next to my dear colleague, Dr. Rawley Silver, HLM, ATR- BC, on the way to an American Art Therapy Association (AATA) conference. Rawley was flipping through my treatise called the *Art Therapy Program Textbook*, (Horovitz, 1995), which every incoming student received and was required to read before entering Day 1 of classes. Suddenly, she turned to me and adamantly demanded, “You must make this available for purchase! Everyone in the field would benefit. Do it!!” (Mind you, this approximately 200-page text, aptly called the “Bible” by my students, was not for sale to anyone outside of my art therapy program.) But a strange thing happened: my students kept graduating and getting work, and more often than not as primary therapists. I slowly figured out that this was due not only to the medically-based training that the students received but more importantly, because they were able to *transliterate* their findings to a medical, educational, and/or clinical team. The “Bible” (*Art Therapy Program Textbook*) had secured them with the necessary armament

to communicate their findings in a cogent manner. They could *walk the walk* but more significantly, they could *talk the talk*. So I knew that Rawley was right: it was time to share my main cooking ingredient (informed treatment) with others.

So after 30 some-odd years of educating, I asked my students who had turned in A or A+ papers if they wanted to publish their samples in this (now) publicly available opus. It was a win-win for everyone. My students got published (some even before graduating) and art therapists would be able to use my formula to cultivate a clinical recipe guaranteed to offer them acceptance in a scientific community, thus elevating the Art Therapy field.

So in a nutshell, that's the game plan in this book. All chapters of assessments walk the reader through the history of the actual assessment tool and how to administer it. Those chapters offer several case samples for the reader to purview so that he or she might be able to glean not only how to administer the test but also how one should write-up the results for dissemination to other clinicians.

So now let me tell you how it's organized:

This second edition has been completely revamped and divided into five sections:

- Section I: Introduction to the Revised Second Edition: Quantifying Qualitative Assessments (which contains a chapter on gathering client information, constructing genograms, releases, and ethical considerations), a chapter on the application of quantifying four nonstandardized assessments, (which sets the cornerstone for the second section, should the reader want to standardize any qualitative assessments for research and/or forensic purposes) and Stepney's chapter on multicultural issues in assessment, documentation, and treatment, which is mandatory in considering the assessment of the whole person including cultural and ethical considerations.
- Section II: Qualitative Instruments includes chapters on the Art Therapy Dream Assessment (ATDA), Belief Art Therapy Assessment (BATA), Cognitive Art Therapy Assessment (CATA), the House Tree Person Test (HTP) and the Kinetic Family Drawing (KFD) as well as a new chapter on the Mandala Assessment Research Instrument (MARI) written by Shelley Takei.
- Section III: Standardized Instruments contains sample chapters of normed batteries such as the Bender Gestalt II (BG II), Person Picking An Apple from a Tree (PPAT), Silver Drawing Test (SDT), and the Face Stimulus Assessment (FSA), revised by Donna Betts and normed to the Formal Elements Scale as outlined by Gannt & Tabone (1998).

- Section IV: Combining Multiple Assessments contains a comparative look at conducting batteries on several individual clients as well a multi-generational family assessment. Contributions include assessing a refugee in resettlement (James Albertson); a three-generation familial assessment (Shawna Boynton); assessment of a Deaf woman (Kelsey Wall) and an assessment of a schizophrenic man (Chelsey Vano).
- Section V: Conclusion contains a chapter on treatment objectives and modalities, internet referrals, a few case samples, and termination summaries and referrals.
- Appendices: Finally, in the companion DVD, the reader will find all the Appendix Forms, all images in color (by chapter) and three movies on conducting the CATA, ATDA and BATA.

In conclusion, while *all* the assessments that are currently available to art therapy practitioners are *not* covered in this treatise, what is offered is a systematic review of the assessments outlined above. These assessments were *chosen* because of their *ease* in administration as well as the information procured for the practitioner. The SDT, Bender-Gestalt II, and FEATS have been empirically tested. The SDT and BGII can be used for pretest and posttest purposes. The CATA was chosen specifically since it is guised as an open-ended, nondirective battery, thus eliminating stress (Horovitz & Schulze, 2007; 2008). As well, the CATA can also be used for pretest and posttest purposes, and has been submitted for empirical testing as part of an NIH-funded pilot study.

Additionally, the practitioner is offered sample formats, legends and abbreviations of clinical and psychiatric terms, guidelines for recordable significant events, instructions on writing-up objectives, modalities, and treatment goals as well as training on composing progress versus process notes.

It is hoped that this book will serve as a companion guide for every art therapist in creating clinical reports on patients to aid their trajectory towards wellness, recovery and above all, health.

E.G.H.

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My mother taught me to always make my bed, say thank you and to write thank you notes acknowledging the kindness extended by others. Thanks for teaching me so well, Mom.

Books take time and constant seasoning until they are baked, just like a good meal. But this treatise has been a wholly different order since the concoction being stirred was not only my words and work, but also that of my colleagues and students who contributed to the chapters herein. For it is my students that I wish to thank and acknowledge. As Jacob Bronoski said, *“It is important that students bring a certain ragamuffin barefoot irreverence to their studies. They are here . . . to question it.”*

Yet, categorically, I need to thank some very important people who continue to sustain me and have been in my life for the long haul: my immediate family and friends: My husband, Eugene (Jay) V. Marino, Jr., my sister, Dr. Nancy Bachrach, my brother, Dr. Len Horovitz, my brother-in-law, Orin Wechsberg, my sister-in-law, Valerie Saalbach, my mother, Maida Horovitz, my children: Kaitlyn Leah Darby, Bryan James Darby, Nick Marino, and “The Paolo” Marino, my cheering squad and closest friends, Karen Armstrong, Janet Rock, and Dr. Jessie Drew-Cates. At work, I am held by numerous supports, specifically Dr. Bryan Hunter, Dr. Shirley Szekeres, Dr. Sara Varhus, all of whom advocated release time for me to write these words. As well, my colleagues Dr. Steve Demanchick, Dr. Renee van der Vennet, Robin Shiffrin, Stella Stepney, Lori Higgins and Elizabeth Mott are always available for guidance, support, contributions and direction. I also need to acknowledge my closest and most admired art therapy friends: Dr. Irene Rosner David (my Rendala), Dr. Donna Betts (my Donnala), Dr. Bruce Moon, Cathy Moon, (my dancing partner on the AATA floor), Dr. Michael Franklin, Dr. David Gussak, Dr. Patricia Isis, Dr. Judy Rubin, Dr. Rawley Silver, Dr. Lori Wilson, Elizabeth Stone, Don Jones, the late Bob Ault, and my wonderful mentor, the late Edith Kramer. While I could list all of the stu-

dents and past students who have contributed to these pages, the reader can find their names in the Contributor's Section but Michael Martin, my graduate assistant and an author herein, has been of particular support; so Michael, thank you for making it to the "finish line."

It goes without saying that I am extremely indebted to Michael Thomas, publisher of Charles C Thomas, who has patiently awaited this revised second edition and has been with me since 1992 when my first manuscript was accepted. Thank you, Michael for believing in me and offering me the ability to share my work with others.

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Finally, I wish to thank my patients, whose stories and hearts I have held and entwined with mine, as we worked towards a trajectory of wellness. Thank you for giving meaning to my life.

E.G.H.

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THE ART THERAPISTS' PRIMER

Section I

**INTRODUCTION TO THE REVISED
SECOND EDITION: QUANTIFYING
QUALITATIVE ASSESSMENTS**

Chapter 1

THE EFFICACY OF ASSESSMENTS IN ART THERAPY

MICHAEL E. MARTIN AND ELLEN G. HOROVITZ

*There is curiously little art concerning the efficacy of reason—
perhaps simply because reason is not noticeably efficacious.*
~Nicholas Mosley

INTRODUCTION

As in any medical profession, the use of assessments is crucial in art therapy in order for the therapist to understand the client's psychosocial, psychological, cognitive/developmental, physiological/genetic, cultural, emotional, and spiritual state. Armed with this information, the clinician can then track the client's progress over time and throughout the entire therapeutic process. The field of art therapy offers many different assessments in order to accomplish this, ranging from highly directive and standardized assessments to projective drawings and even free association drawing. While this book provides an overview of some of the more widely-used assessments, it *cannot* cover them all. To wit, this revised second edition will not only review the efficacy behind said assessments (and discuss the reliability and validity of assessments where applicable), but also offer vignettes and case samples for each battery that is covered. Then the reader will be prepared to conduct these batteries with his or her client. (N.B.: While a summation of these assessments is covered herein, it is by no means a substitute for the original publications. Therefore, it is advised that the reader refer to the original publications of all assessments herein in order to have a formal working knowledge of their constructs and administration.)